

09/830855

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	CS NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected      H \_\_\_\_\_ Non-elected  
" \_\_\_\_\_ Allowed      I \_\_\_\_\_ Interference  
- (Through numerals) \_\_\_\_\_ Canceled      A \_\_\_\_\_ Appeal  
+ \_\_\_\_\_ Restricted      O \_\_\_\_\_ Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

A C E T I N C O R P

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